



Community Art Display Request for Memorial Town Hall

Art is an important part of our community, and the Town of Old Lyme is delighted to showcase the impressive talents of our community members in our family friendly space here at the Town Hall.

Artist or Organization: _____

Contact Person: _____ Phone: _____

e-mail: _____ OL Address: _____

Brief Description of Display: _____

Please indicate the top three preferences:

| | | | | | | | |
|--------------------------|----------|--------------------------|-------|--------------------------|-----------|--------------------------|----------|
| <input type="checkbox"/> | January | <input type="checkbox"/> | April | <input type="checkbox"/> | July | <input type="checkbox"/> | October |
| <input type="checkbox"/> | February | <input type="checkbox"/> | May | <input type="checkbox"/> | August | <input type="checkbox"/> | November |
| <input type="checkbox"/> | March | <input type="checkbox"/> | June | <input type="checkbox"/> | September | <input type="checkbox"/> | December |

Date Hanging Artwork: _____ Type of Medium (ie: Photos/Oil) _____

Date Removing Artwork: _____

Opening Reception: _____ Time: _____ Facility Use Form Completed _____

Note: if you plan to schedule an opening reception, please be sure to submit a Facilities Usage Form for approval.

| Exhibit Locations please indicate your preference | |
|---|---|
| <input type="checkbox"/> | Meeting Hall Lobby |
| <input type="checkbox"/> | 1 st floor corridors (by the Town Clerk and Tax Collector) |
| <input type="checkbox"/> | 2 nd Floor corridor (by Finance) * please note the American Legion uses this space in May/June and Nov/Dec. |
| <input type="checkbox"/> | Lower Level Stair well |

I (my organization) understand/understands that the exhibitor assumes all the risks for damage to, loss of or theft of any item, artwork or any part of the exhibit.

Signature of Artist or Organization representative

Date

Return form(s) to: **Selectman's Office Town of Old Lyme**

52 Lyme Street | Old Lyme, CT 06371 or email to: selectmansoffice@oldlyme-ct.gov

SELECTMAN'S OFFICE USE:

Approved by: _____ Date: _____